



MICHIGAN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS

# CANDIDATE COMMITTEE COVER PAGE

Report must be legible, typed or printed in ink and signed by the treasurer (or designated record keeper) and candidate.

FILED  
05 OCT 28 PM 4:32  
CARHELLA SABAUGH  
MACOMB COUNTY CLERK  
MACOMB COUNTY, MICHIGAN

FOR OFFICIAL USE ONLY

1. Committee I.D. Number <b>00136638-50</b>		3. This Statement covers From: <b>08-30-05</b> to <b>10-23-05</b> Mo Day Year Mo Day Year	
2. Committee Name <b>Committee to Elect Mark Moffitt</b>		4. Candidate Last Name <b>Moffitt</b> First Name <b>Mark</b> M.I. <b>J.</b> 4a. Office Sought Including District # or Community Served (If applicable) <b>St. Clair Shores City Council</b> 4b. County of Residence <b>Macomb</b>	
5. Committee's Mailing Address <b>21613 FRAZHO</b> <b>S.C.S. MI 48081</b> Area Code and Phone <b>586-777-0305</b> If the address in this box is different from the committee mailing address on the Statement of Organization, mail may be sent to this address by the filing official.		6. Treasurer's Name & Residential Address <b>Pamela D. Moffitt</b> <b>Same as 5.</b> Area Code & Phone ( )	
7. Treasurer's Business Address <b>Same as 5.</b> Area Code and Phone ( )		8. Designated Record keeper's Name and Mailing Address (If the committee has a Designated Record keeper) <b>N/A</b> Area Code and Phone ( )	
9. TYPE OF STATEMENT 9a. <input checked="" type="checkbox"/> Pre-Election OR 9b. <input type="checkbox"/> Post-Election Pre-Election or Post-Election Statement relates to: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Convention <input type="checkbox"/> School <input type="checkbox"/> Special <input type="checkbox"/> Caucus Date of Election, Convention or Caucus <b>11-08-05</b> Month Day Year		9c. <input type="checkbox"/> Annual Statement ( ) Coverage Year 9d. <input type="checkbox"/> Amendment to Campaign Statement (Complete Item 9a, 9b, 9c or 9e to indicate which Statement is being amended) 9e. <input type="checkbox"/> Dissolution of Candidate Committee Effective Date of Dissolution Month Day Year By checking this item, I/We certify that the committee has no assets or outstanding debts, including late filing fees. Further, I/We request that if the dissolution cannot be granted, that this be considered a request for the Reporting Waiver. Note: The disposition of residual funds must be reported on Schedule 1B and the Summary Page.	
A committee that does not have a Reporting Waiver must file all required Campaign Statements. The Campaign Statements must include all applicable Schedules. Direct contributions, in-kind contributions, loans, expenditures, and outstanding debts count against the \$1,000 Reporting Waiver threshold. If any of the information listed in items 2, 4, 5, 6, 7, or 8 has changed since the information was shown on the committee's Statement of Organization, an amendment to the Statement of Organization should accompany this Campaign Statement. If a request for a Reporting Waiver is not received on or before the filing deadline of a required campaign statement, that campaign statement cannot be waived.			
10. Verification: I/We certify that all reasonable diligence was used in the preparation of this statement and attached schedules (if any) and to the best of my/our knowledge and belief the contents are true, accurate and complete.			
Current Treasurer or Designated Record keeper <b>Pamela D. Moffitt</b> Type or Print Name Signature Date <b>10-28-05</b> Mo Day Year		Candidate <b>Mark J. Moffitt</b> Type or Print Name Signature Date <b>10-28-05</b> Mo Day Year	

Authority granted under P.A. 388 of 1976



MICHIGAN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS

1. Committee I.D. Number 00136638-50

2. Committee Name Committee to Elect

Mark Moffitt

### SUMMARY PAGE CANDIDATE COMMITTEE

RECEIPTS		Column I This Period	Column II Cumulative this election cycle
<b>3. Contributions</b>			
a. Itemized (Schedule 1A - Column 6)	(3a.) \$	<u>2800.00</u>	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$	<u>NOT APPLICABLE</u>	
c. Subtotal of "Contributions"	(3c.) \$	<u>2800.00</u>	(18.) \$ <u>2800.00</u>
<b>4. Other Receipts (Schedule 1A -1, Column 6)</b>	(4.) \$	<u>—</u>	(19.) \$ <u>—</u>
<b>5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS</b> (Add Line 3c + Line 4)	(5.) \$	<u>2800.00</u>	(20.) \$ <u>2800.00</u>
<b>IN-KIND CONTRIBUTIONS &amp; EXPENDITURES</b>			
<b>6. In-Kind Contributions (Schedule 1-IK, Column 7)</b>	(6.) \$	<u>—</u>	(21.) \$ <u>—</u>
<b>7. In-Kind Expenditures (Schedule 1B-IK, Column 6)</b>	(7.) \$	<u>—</u>	(22.) \$ <u>—</u>
<b>EXPENDITURES</b>			
<b>8. Expenditures</b>			
a. Itemized (Schedule 1B, Column 6)	(8a.) \$	<u>2133.94</u>	
b. Itemized Get-Out-the-Vote (Schedule 1B-G)	(8b.) \$	<u>—</u>	
c. Unitemized (less than \$50.01 each - no Schedule)	(8c.) \$	<u>—</u>	
<b>9. TOTAL EXPENDITURES (Add Line 8a + Line 8b + Line 8c)</b>	(9.) \$	<u>2133.94</u>	(23.) \$ <u>2133.94</u>
<b>INCIDENTAL EXPENSE DISBURSEMENTS</b> (Officeholders Only)			
<b>10. Disbursements</b>			
a. Itemized (Schedule 1C, Column 6)	(10a.) \$	<u>—</u>	
b. Unitemized (less than \$50.01 each - no Schedule)	(10b.) \$	<u>—</u>	
<b>11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS</b> (Add Line 10a + Line 10b)	(11.) \$	<u>—</u>	(24.) \$ <u>—</u>
<b>DEBTS AND OBLIGATIONS</b>			
<b>12. Debts and Obligations</b>			
a. Owed by the Committee (Schedule 1E)	(12a.) \$	<u>—</u>	
b. Owed to the Committee (Schedule 1E)	(12b.) \$	<u>—</u>	
<b>BALANCE STATEMENT</b>			
<b>13. Ending Balance of last report filed</b> (Enter zero if no previous reports have been filed.)	(13.) \$	<u>0</u>	
<b>14. Amount received during reporting period</b> (Line 5, Total Contributions & Other Receipts)	(14.) + \$	<u>2800.00</u>	
<b>15. SUBTOTAL Add lines 13 and 14</b>	(15.) = \$	<u>2800.00</u>	
<b>16. Amount expended during reporting period</b> (Add lines 9 and 11)	(16.) - \$	<u>2133.94</u>	
<b>17. ENDING BALANCE</b> (Subtract line 16 from line 15)	(17.) \$	<u>666.06</u>	



MICHIGAN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS

**ITEMIZED CONTRIBUTIONS  
SCHEDULE 1A  
CANDIDATE COMMITTEE**

1. Committee I.D. Number 00136638-50  
2. Committee Name CTE Mark Moffitt

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee. (PAC) Report all contributions from committees regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution #1 PAC Receipt? <input checked="" type="checkbox"/> YES 4. Date of Receipt <u>8/30/05</u> Name: <u>Comm. Htee for RESPONSIBLE GOVERNMENT</u> Address: <u>5802 VINCENT TRAIL</u> <u>SHELBY TWP., MI 48316</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		1000.00	
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>9/3/05</u> Name: <u>FRIENDS OF ERIN STAHL</u> Address: <u>20113 AVALON, SCS, MI 48080</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		100.00	
3. Contribution #3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>9/3/05</u> Name: <u>ERIN ALANA STAHL</u> Address: <u>20113 AVALON, SCS, MI 48080</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		100.00	
3. Contribution #4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>9/12/05</u> Name: <u>ROBERT D. IHRIE</u> Address: <u>961 N. OXFORD, GPW, MI 48236</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>IHRIE &amp; O'BRIEN</u> Business Address <u>24055 JEFFERSON, SCS, MI 48080</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		250.00	
Page Subtotal Grand Total of All Schedules 1A (Complete on last page of Schedule)		1450.00	

Enter this total on  
line 3 of Summary  
Page.

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MICHIGAN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS

**ITEMIZED CONTRIBUTIONS  
SCHEDULE 1A  
CANDIDATE COMMITTEE**

1. Committee I.D. Number 00136638-50  
2. Committee Name CTE Mark Moffitt

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee. (PAC) Report all contributions from committees regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution #1 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>9-22-05</u> Name: <u>DAVID CONSIGLIO</u> Address: <u>22469 REVERE, SCS, MI 48080</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		100.00	
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>10-7-05</u> Name: <u>JOHN TISEO</u> Address: <u>29625 GLORIA, SCS, MI 48082</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		20.00	
3. Contribution #3 PAC Receipt? <input checked="" type="checkbox"/> YES 4. Date of Receipt <u>10-7-05</u> Name: <u>ST. CLAIR SHORES FIREFIGHTERS UNION PAC</u> Address: <u>P.O. Box 592, SCS, MI 48080</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		100.00	
3. Contribution #4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>10-7-05</u> Name: <u>KEITH DZIALAK</u> Address: <u>27809 DOVER, WCN, MI 48088</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		10.00	
Page Subtotal Grand Total of All Schedules 1A (Complete on last page of Schedule)		230.00	

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line 3 of Summary  
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MICHIGAN DEPARTMENT OF STATE  
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**ITEMIZED CONTRIBUTIONS  
SCHEDULE 1A  
CANDIDATE COMMITTEE**

1. Committee I.D. Number 00136638-50  
2. Committee Name CTE Mark Moffitt

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee. (PAC) Report <u>all</u> contributions from committees regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution #1 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>10-7-05</u> Name: <u>FRED FLAHERTY</u> Address: <u>21330 ALEXANDER, SCS, MI 48081</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser	100.00	
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>10-5-05</u> Name: <u>CTE PETER WALBY</u> Address: <u>23079 ENGLEHARDT, SCS, MI 48080</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser	100.00	
3. Contribution #3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>10-7-05</u> Name: <u>SANDRA <del>FLAHERTY</del> DZIALAK</u> Address: <u>27809 DOVER, WRN, MI 48088</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser	20.00	
3. Contribution #4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>10-7-05</u> Name: <u>DAVE RUBELLO</u> Address: <u>30007 MAISON, SCS, MI 48082</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser	10.00	
Page Subtotal Grand Total of All Schedules 1A (Complete on last page of Schedule)	230.00	

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MICHIGAN DEPARTMENT OF STATE  
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**ITEMIZED CONTRIBUTIONS  
SCHEDULE 1A  
CANDIDATE COMMITTEE**

1. Committee I.D. Number 00136638-50  
2. Committee Name CTE Mark Moffitt

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee. (PAC) Report all contributions from committees regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution #1 PAC Receipt? <input checked="" type="checkbox"/> YES 4. Date of Receipt <u>10-7-05</u> Name: <u>VOICE OF THE VOTERS - SCS</u> Address: <u>23079 ENGLEHARDT, SCS, MI 48080</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser	100.00	
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>10-7-05</u> Name: <u>JAMES DZIALAK</u> Address: <u>27809 DOVER, WRN, MI 48088</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser	20.00	
3. Contribution #3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>10-7-05</u> Name: <u>ANTHONY RASCANO</u> Address: <u>29634 JEFFERSON, SCS, MI 48082</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser	50.00	
3. Contribution #4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>10-7-05</u> Name: <u>CTE KIP C. WALBY</u> Address: <u>20712 ALGER, SCS, MI 48080</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser	100.00	
Page Subtotal Grand Total of All Schedules 1A (Complete on last page of Schedule)		270.00

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line 3 of Summary  
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MICHIGAN DEPARTMENT OF STATE  
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**ITEMIZED CONTRIBUTIONS  
SCHEDULE 1A  
CANDIDATE COMMITTEE**

1. Committee I.D. Number 00136638-50  
2. Committee Name CTE Mark Moffitt

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee. (PAC) Report all contributions from committees regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution #1 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>10-7-05</u> Name: <u>VITO PELLEGRINO</u> Address: <u>28524 JOAN, SCS, MI 48081</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser	20.00	
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>10-12-05</u> Name: <u>TONY &amp; THERESA GALUI</u> Address: <u>37472 ALTEA LN, CT, MI 48036</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>OWNER</u> Employer <u>GALUI, INC.</u> Business Address <u>33805 HARPER, CT, MI 48035</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser	200.00	
3. Contribution #3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>10-10-05</u> Name: <u>JAMES MOFFITT</u> Address: <u>323 AVALON, ROSCOMMON, MI 48653</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser	100.00	
3. Contribution #4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>10-16-05</u> Name: <u>MIKE T. LAW</u> Address: <u>9150 CADUEX, DETROIT, MI 48224</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser	100.00	
Page Subtotal Grand Total of All Schedules 1A (Complete on last page of Schedule)	420.00	

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MICHIGAN DEPARTMENT OF STATE  
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**ITEMIZED CONTRIBUTIONS  
SCHEDULE 1A  
CANDIDATE COMMITTEE**

1. Committee I.D. Number 00136638-50  
2. Committee Name CTE Mark Moffitt

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee. (PAC) Report all contributions from committees regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution #1 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>10-16-05</u> Name: <u>JOHN CHOWN</u> Address: <u>8471 FREDERICK DR, WASHINGTON TWP, MI 48094</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser	100.00	
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>10-16-05</u> Name: <u>ROY C. ROSE</u> Address: <u>55620 WOODRIDGE DR, SHELBY TWP, MI 48316</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser	100.00	
3. Contribution #3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt _____ Name: _____ Address: _____ 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		
3. Contribution #4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt _____ Name: _____ Address: _____ 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		
Page Subtotal Grand Total of All Schedules 1A (Complete on last page of Schedule)		200.00 2800.00

Enter this total on  
line 3 of Summary  
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MICHIGAN DEPARTMENT OF STATE  
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**ITEMIZED EXPENDITURES  
SCHEDULE 1B  
CANDIDATE COMMITTEE**

1. Committee I. D. Number 00136638-50

2. Committee Name CTE Mark Moffitt

3. Name and address of person or vendor to whom paid	4. Purpose (Describe specific purpose and you may assign an Expenditure Code)	5. Date	6. Amount
Expenditure #1 Name <u>JAH LION GRAPHICS</u> Address <u>308 NORTH AVE.</u> <u>MOUNT CLEMENS, MI 48043</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>PRINTING SIGNS</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>9/26/05</u>	<u>768.50</u>
Expenditure #2 Name <u>FIRST STATE BANK</u> Address <u><del>24335 HARPER</del></u> <u>24335 HARPER</u> <u>SCS, MI 48080</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>BANK FEE</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>9/26/05</u>	<u>3.00</u>
Expenditure #3 Name <u>KROGER</u> Address <u>2391 MARTER RD.</u> <u>SCS, MI 48080</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>STAMPS</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/03/05</u>	<u>37.00</u>
Expenditure #4 Name <u>V.F.W. BRUCE POST</u> Address <u>28404 JEFFERSON AVE.</u> <u>S.C.S., MI 48081</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>PAVILLION RENTAL</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/05/05</u>	<u>75.00</u>
Expenditure #5 Name <u>FIRST STATE BANK</u> Address <u>24335 HARPER</u> <u>SCS, MI 48080</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>BANK FEE</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/05/05</u>	<u>3.00</u>

Subtotal this page  
Grand Total of all Schedules 1B  
(Complete on last page of Schedule)

886.50

Enter this total  
on line 8a of  
Summary Page

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MICHIGAN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS

**ITEMIZED EXPENDITURES  
SCHEDULE 1B  
CANDIDATE COMMITTEE**

1. Committee I. D. Number 00136638-50  
2. Committee Name CTE Mark Moffitt

3. Name and address of person or vendor to whom paid	4. Purpose (Describe specific purpose and you may assign an Expenditure Code)	5. Date	6. Amount
Expenditure #1 Name <u>SAM'S CLUB</u> Address <u>31940 GRATIOT AVE.</u> <u>ROSEVILLE, MI 48066</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>FOOD</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/10/05</u>	<u>48.33</u>
Expenditure #2 Name <u>LOWE'S</u> Address <u>19340 VERNIER</u> <u>HARPER WOODS, MI</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>TIES FOR SKINS</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/10/05</u>	<u>32.72</u>
Expenditure #3 Name <u>SAM'S CLUB</u> Address <u>31940 GRATIOT AVE.</u> <u>ROSEVILLE, MI 48066</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>FOOD</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/10/05</u>	<u>41.63</u>
Expenditure #4 Name <u>CITY OF ST. CLAIR SHORES</u> Address <u>27600 JEFFERSON CIRCLE</u> <u>SCS, MI 48081</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>MAILING LABELS</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/10/05</u>	<u>80.66</u>
Expenditure #5 Name <u>FIRST STATE BANK</u> Address <u>24335 HARPER</u> <u>SCS, MI 48080</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>BANK FEE</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/10/05</u>	<u>3.00</u>

Subtotal this page  
Grand Total of all Schedules 1B  
(Complete on last page of Schedule)

206.34

Enter this total  
on line 8a of  
Summary Page

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MICHIGAN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS

**ITEMIZED EXPENDITURES  
SCHEDULE 1B  
CANDIDATE COMMITTEE**

1. Committee I. D. Number 00136638-50  
2. Committee Name CTE Mark Moffitt

3. Name and address of person or vendor to whom paid	4. Purpose (Describe specific purpose and you may assign an Expenditure Code)	5. Date	6. Amount
Expenditure #1 Name <u>UNITED STATES POSTAL SVC.</u> Address <u>23125 GREATER MACK</u> <u>S.C.S., MI 48080</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>POSTAGE</u>  <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/08/05</u>	<u>460.00</u>
Expenditure #2 Name <u>FIRST STATE BANK</u> Address <u>24335 HARPER</u> <u>S.C.S., MI 48080</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>BANK FEE</u>  <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/08/05</u>	<u>3.00</u>
Expenditure #3 Name <u>THE WINE GARDEN</u> Address <u>21903 HARPER</u> <u>SCS, MI 48080</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>BEVERAGES</u>  <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/14/05</u>	<u>92.45</u>
Expenditure #4 Name <u>FIRST STATE BANK</u> Address <u>24335 HARPER</u> <u>SCS, MI 48080</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>BANK FEE</u>  <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/14/05</u>	<u>3.00</u>
Expenditure #5 Name <u>LITHO-GRAPHICS</u> Address <u>19361 E. TEN MILE</u> <u>ROSEVILLE, MI 48066</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>PRINTING</u> <u>LITERATURE &amp; BUMPER</u> <u>STICKERS</u>  <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/14/05</u>	<u>479.65</u>

Subtotal this page  
Grand Total of all Schedules 1B  
(Complete on last page of Schedule)

1038.10

Enter this total  
on line 8a of  
Summary Page

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MICHIGAN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS

**ITEMIZED EXPENDITURES  
SCHEDULE 1B  
CANDIDATE COMMITTEE**

1. Committee I. D. Number 00136638-50  
2. Committee Name CTE Mark Moffitt

3. Name and address of person or vendor to whom paid	4. Purpose (Describe specific purpose and you may assign an Expenditure Code)	5. Date	6. Amount
Expenditure #1 Name <u>FIRST STATE BANK</u> Address <u>24335 HARPER</u> <u>SCS MI 48080</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>BANK FEE</u>  <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/14/05</u>	<u>3.00</u>
Expenditure #2 Name _____ Address _____ <input type="checkbox"/> Fund Raiser	Purpose: _____  <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement		
Expenditure #3 Name _____ Address _____ <input type="checkbox"/> Fund Raiser	Purpose: _____  <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement		
Expenditure #4 Name _____ Address _____ <input type="checkbox"/> Fund Raiser	Purpose: _____  <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement		
Expenditure #5 Name _____ Address _____ <input type="checkbox"/> Fund Raiser	Purpose: _____  <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement		

Subtotal this page  
Grand Total of all Schedules 1B  
(Complete on last page of Schedule)

3.00  
2133.94

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on line 8a of  
Summary Page

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